

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 1/2    |          |
| FORMALITY REVIEW          | BE       | 897    | 06-27-01 |
| RESPONSE FORMALITY REVIEW | LI       | 1126   | 12/8/01  |
|                           | NW       | 778    | 2/4/02   |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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3/23  
2/5  
2006  
12/08